X SUMMONS FOR WITNESS		DOCKET NUMBER			Trial Court of Massachusetts District Court Department		
SESSION: X CRIMINAL X TRIAL			NAME A	AND ADDRESS OF COURT DIVISION YOU MUST			
NAME, ADDRESS AND ZIP CODE OF DEFENDANT			Quincy District Court One Dennis F. Ryan Parkway Quincy, MA 02169 Chief Justice: Hon. Mark F. Coven		APPEAR AT THIS COURT ADDRESS ON THE DATE		
					DATE AND TIME OF APPEARANCE:		
Commonwealth v.				March 5, 2012 at 8:45am JURY TRIAL		AND TIME SPECIFIED HEREIN	
				DATE	TIME		
NAME, ADDRESS AND ZIP CODE OF WITNESS			OFFENS		s B Substance		
Ms. Annie Dookhan Mass. Department of Public Health William A. Hinton State Laboratory Institute 305 South Street Jamaica Plain, Mass. 02130				ssion of Clas	s D Substance		
nar or u resi in a To You the	TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:  You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness.  NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.  To the above named Witness:  You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered.  WARNING TO WITNESS:  Failure to appear in accordance with this summons may result in the issuance of a warrant for your arrest. Please bring this document with you to court.  Please check in on the 2 <sup>nd</sup> floor at the District Attorney's Office If you do not appear, the case may be dismissed.						
					DATE OF ISSUE		
WITNESS:		and Whomasing			7/12/2017		
	Michael V	V. Morrissey, District Attorney					
I hereby ce	rtify that I served tl	RETURN OF SE ne within summons upon the abo		ned <u>Witness</u>	by		
□ Lear a person of x Mail	ring a copy of it at t suitable age and d ng a copy of it to th	personally to the defendant or wi the dwelling house or usual plac iscretion residing therein. he last known address of the def s on bu DATE RECEIVED	e of abo endant	or <u>witness</u>		ith	
DATE OF CE	W (10E	CIONATUDE OF DEDOON MAKING OF	ים וויי	ITITIE AE S	EDOON MALCINIO OFFI		
DATE OF SERVICE 12/23/11		SIGNATURE OF PERSON MAKING SERVIC			TITLE OF PERSON MAKING SERVICE  Norfolk County D. A 's Office		
12/23/11		/s/ Eric Haskell		INDITOIN	Norfolk County D.A.'s Office		